

CEDAR FORT COMMERCIAL BUSINESS LICENSE APPLICATION

Cedar Fort Ordinance CFO-311-CB-2018

Town of Cedar Fort

50 East Center, Cedar Fort, UT 84013

PHONE (801) 768-2147, ext. 5

HOW TO APPLY FOR A CEDAR FORT COMMERCIAL BUSINESS LICENSE

A **Commercial Business** is where you operate a venture for monetary gain and where clients or customers may or may not come to your establishment. This is not a home business.

(Please retain for your records)

The Town wishes to offer assistance with the application process and has designed this set of procedures to help you understand some of the requirements for opening a business in your home.

1. Generally, businesses involved with the sale of a tangible product must apply for a State Sales Tax number. You may obtain that number from the State Tax Commission at 210 N. 1950 W., Salt Lake City. If you anticipate commencing business in less than 6 weeks, you will need to apply for that number in person. There is no charge. If the business is a sole proprietorship (or other similar circumstance where there is no immediate need for an EIN number) you may apply for the State Sales Tax Number at the same time as you apply for the DBA (item #2 below). You may obtain both items at the Heber Wells address below. You must provide written proof of a valid sales tax number.
2. If you wish to use a business name (DBA), you must register that name with the State Division of Corporations, Assumed Name Section, located at the Heber Wells Building at 160 E. 300 S., Salt Lake City. The current charge is \$22.00 for three years. You must file a written copy of your DBA at the time you file your Commercial Business application. If the business is a Limited Liability Company or Incorporated and you are conducting business using the LLC or corporate name, you must file a State approved copy of the Articles.
3. If the business is being run from rental property, a letter of permission (indicating the portion of the home permitted to be used, and acknowledging the nature of the business) must accompany the application.
4. Applications are to be typed or completed in black ink. Incomplete applications will be returned. Ordinance allows up to 45 days for processing.

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5. Fees for all licenses are established by the Town Council. A copy of the most recently approved fees is available at Town Office. All appropriate fees must accompany the application. Please contact this office for correct computation of pro-rated amounts for regulatory and any applicable disproportionate fees. All fees must be personal check, cashier's check, or money order only; **no cash accepted**. A \$35.00 charge is assessed to checks returned by any financial institution.

6. A copy of the Commercial Business ordinance is available for a nominal charge at the Town Office or online at <http://www.townofcedarfort.com/ordinances.htm>. Please make sure you are able to comply with those requirements. If you have questions regarding any portion of the ordinance, you should contact the Town Clerk for correct interpretation or explanation.

7. License renewals are due by January 1 each year. Your Business License will indicate an expiration date. Renewal notices will be sent to you as a reminder, but you are ultimately responsible for making sure renewal payments are received prior to delinquency. A 25% delinquent late fee penalty is assessed on accounts not paid within 30 days of due date. After 60 days, an additional 50% delinquent penalty is assessed. If a bill is delinquent after 90 days, it is forwarded for collection. Collection costs are incurred by the applicant.

Please familiarize yourself with license renewal due dates and delinquency rates indicated on both this information sheet and the application page. You must be willing and able to comply with all provisions of the ordinance for license approval.

If you have questions or need assistance in completing this application, please contact the Councilperson Overseeing Business Licenses at 801-768-2147, 5, and we will be pleased to be of assistance.

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APPLICATION FOR COMMERCIAL BUSINESS LICENSE

****PLEASE PRINT OR TYPE IN BLACK INK****

FOR OFFICE USE ONLY
APPLICATION # _____ FEE: \$ _____
APPLICATION DATE: _____ FEE PAID: _____ RECEIPT # _____
Zone _____

Application Date			
Business Name		Business Phone #	
Business Address:	City and State CEDAR FORT, UT	Zip 84013	
Mailing Address	City and State	Zip	
Start Date	Sales Tax ID #	Corp/LC/DBA/Other	Email
Owner of property?	If NO, Letter of permission?	Phone #	Fax#

Applicant's Name: _____ phone # (____) _____

Authorized agent (if applicable): _____

1. What is the proposed Commercial Business (type)? _____

Description: _____

2. How many clients (cars and people) will be coming to the business as a result of this application at any one time during a daily interval? _____

3. What type of equipment, materials, tools, chemicals, and/or merchandise stock are involved in the Commercial Business? _____

4. What type of safety equipment will be required for the Commercial Business?

5. How many employees will be working on location in the Business? ____

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6. Is this business required by Utah State law to collect sales tax? ____
7. OWNER'S NAME AND ADDRESS (if corporation, list principal officers). Use additional sheet if necessary.

Name 1	Name 2	Name3
Name _____	_____	_____
Address _____	_____	_____
_____	_____	_____
Phone _____	_____	_____
Email _____	_____	_____

Manager Name: _____ Manager Phone: _____

8. CONTACT PERSON - For Businesses located within Cedar Fort, please furnish the name and telephone number of a LOCAL person (other than the manager) who may be contacted by the Town after hours in case of fire or police emergency at your business.

a. Emergency Name _____
Emergency Phone: _____

9. Total Due (Make check to Cedar Fort) NON-REFUNDABLE \$ _____

LICENSE PERIOD - JANUARY THROUGH DECEMBER

***NOTE - - ALL BUSINESSES WHICH ARE REQUIRED TO HAVE A STATE SALES TAX NUMBER MUST PROVIDE A COPY OF THE CERTIFICATE TO THE TOWN (Form TC-69) AND MUST REPORT TO THE STATE TAX COMMISSION THAT CEDAR FORT IS THE POINT OF SALE. LICENSES CANNOT BE ISSUED WITHOUT THIS DOCUMENT.**

This application is subject to approval from the Cedar Fort Town Council (a background check may be required on some specific types of businesses). Applications may also require approval of the Cedar Fort Fire Department, Building Inspection Department, County Health Department and Zoning Department. Those specific types of uses requiring on-site inspections are subject to a \$30.00 charge over and above the regulatory and disproportionate license fees. If a license renewal fee is not paid within 30 days of the due date, a 25% late fee will be assessed. After 60 days, an additional 50% late fee penalty will be assessed. If a license is not obtained prior to opening your business, you may be subject to a double license fee penalty!

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I certify under penalty of perjury that this application and all information submitted as a part of this application are true, complete and accurate to the best of my knowledge. I also certify that I am the owner of the subject property and that the authorized agent noted in this application has my consent to represent me with respect to this application. Should any of the information or representations submitted in connection with this application be incorrect or untrue, I understand that I must immediately notify the Town of Cedar Fort. I also acknowledge that I have reviewed the applicable sections of the Cedar Fort Ordinance and comply with them and that items and checklists contained in this application are basic and minimum requirements only and that other requirements may be imposed that are unique to individual projects or uses. Additionally, I agree to reimburse the Town of Cedar Fort all amounts incurred by the Town in excess of the base fee required by the Fee Schedule to review and process this submitted application. I also agree to allow the Staff, Town Council, or appointed agent(s) of the Town to enter the subject property to make any necessary inspections thereof.

Applicant's/Agent's Signature: _____ Date: _____

<i>Office use only:</i>						
Building Inspections	Cleared	_____	Date	_____		
Planning and Zoning	Cleared	_____	Date	_____	Current Zone	_____
Health Department	Cleared	_____	Date	_____		
Sheriff	Cleared	_____	Date	_____		
Town Code Compliance	Cleared	_____	Date	_____		
Fire Dept.	Cleared	_____	Date	_____		
Duplicate License	\$20	Inspection Fee	\$30	Other		TOTAL DUE
License Fee	\$70	Penalty	Double			

USE REQUIREMENTS

Business Name: _____

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ADDITIONAL REQUIREMENTS IMPOSED BY THE PLANNING/ZONING OR TOWN COUNCIL FOR OPERATION OF THE COMMERCIAL BUSINESS

I _____, understand and agree to comply with all of the rules for Commercial Business, including these conditional provisions. I also understand that if I do not comply with all of these rules, my business license may be revoked.

Signature of Applicant _____ **Date** _____

Building and Fire Code Checklist (to be completed by Fire Chief):

- Building shall comply with current U.F.C. requirements
- Aisles - 36" wide with obstructions on one side
 - 44" wide with obstructions on both sides
- Storage of combustibles away from heat source
- Storage of flammable liquids and gases in approved containers
- Portable fire extinguishers (10# min.) must have approved tag
- Fire extinguishers must be visible, readily accessible, and properly mounted
- Address number on building and visible from street
- Exits - Doors open able from inside building without use of key or knowledge
 - Clear and unobstructed
- Stairways to have handrail
- 30" clearance in front of electrical control panel with accurate labels on panel box
- Extension cords and adapters to conform with Building and Fire Code requirements
- Other hazards that might threaten health and safety

Date: _____ Fire Chief Initials: _____

The signature of the Fire Chief, if required, must be obtained prior to appearance before the Town Council.

Fire Chief _____ Date: _____

For official use only	
Town Council	
Approved _____	Date _____
Disapproved _____	_____
Councilman overseeing Business Licenses	

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COMMERCIAL BUSINESS PRELIMINARY APPROVAL

THIS CERTIFIES THAT _____

HAS COMPLETED ALL OF THE REQUIREMENTS FOR A COMMERCIAL BUSINESS
LICENSE AS DEFINED IN THE CEDAR FORT TOWN ORDINANCE CFO-311-CB-18

DATED _____ 20__.

THIS PRELIMINARY APPROVAL IS TO BE PRESENTED TO THE TOWN COUNCIL TO
RECEIVE A COMMERCIAL BUSINESS LICENSE THAT IS VALID FOR ONE YEAR
FROM THE DATE SIGNED OR JANUARY OF THE FOLLOWING YEAR, WHICHEVER
COMES FIRST. THE LICENSE MUST BE RENEWED ANNUALLY AND MUST BE
POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.

DATE: _____

COUNCILMAN - LICENSES